

Form TT-1A**Commonwealth of Virginia
Virginia Stamping Agent Permit Application**

- Complete this form to apply for a Virginia Stamping Agent Permit.
- You must be a qualified stamping agent to purchase and affix Virginia cigarette tax revenue stamps.
- Only cigarette manufacturers, wholesalers and retailers may obtain a Virginia Stamping Agent Permit.
- It is unlawful to purchase and affix Virginia Cigarette Tax Stamps without a permit. It is also unlawful to sell cigarette brands that are not certified by the Office of the Attorney General and included in their Tobacco Directory.
- Mail this form to: **Department of Taxation
Tobacco Unit
P. O. Box 715
Richmond, VA 23218-0715**
- If you have questions regarding this form, please contact the Tobacco Unit at (804) 371-0730.

1 Name: _____

2 Trading As: _____

3 Business Address: (Must be a street address, no post office boxes.)

Number and Street Name: _____

City or Town, State, ZIP: _____

4 Mailing Address: _____

5 FEIN: _____

6 Office Phone Number: _____ Fax Number: _____

7 Email Address: _____

8 Company Web Site Address: _____

9 Company Type: (Check One) ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ C Corp. ☐ S Corp.

10. If other than a sole proprietor, provide the following information:

President: _____

Financial Officer: _____

11. List Virginia localities for which you purchase and affix cigarette tax stamps:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

12. Other Tobacco Products (OTP): (Check each type you sell.)

☐ Cigars ☐ Pipe Tobacco ☐ Chewing Tobacco ☐ Snuff ☐ Roll Your Own ☐ Other _____

By signing this form, the applicant agrees to abide by the provisions of the *Code of Virginia* §58.1-1000 *et al* and §3.1-336 *et al*. and the *Virginia Tax Administrative Code*. The applicant further recognizes that the Stamping Agent Permit, and the ability to purchase and affix cigarette stamps, may be suspended or revoked by the Department of Taxation for failure to pay the appropriate taxes, failure or refusal to file required reports and returns when due or failure to provide records and documents, or otherwise impede the Department in the enforcement of the aforementioned statutes.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Telephone: _____